

Racing Toward Equity Part 1: Naming Racism

Facilitated in partnership with the Diversity and Health Equity Learning Collaborative



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Webinar Agenda Item 1: Put racism on the agenda

- What is racism?
 - A system of power, structuring opportunity and assigning value based on social interpretation of how one looks (their “race”)
- Say the whole word!
 - Move away from talking about racial health disparities without talking about racism

A Gardener's Tale: Institutional Racism

- Differential access to the goods, services, and opportunities
- Normative, sometimes legalized, often manifests as inherited disadvantage
- Often evident as inaction in the face of need
- Association between SES and race is maintained by institutional racism
 - Roots in concrete historical events

A Gardener's Tale: Personally-Mediated Racism

- **Prejudice**
 - Differential assumptions about the abilities, motives, and intentions of others according to their race
- **Discrimination**
 - Differential actions towards others according to their race
- **Intentional or unintentional**
- **Acts of commission or omission**

A Gardener's Tale: Internalized racism

- Acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth
- Acceptance of limitations to one's own full humanity
- Embracing of whiteness, self-devaluation

Speaking of whiteness: an origin story

- “Whiteness” as we know it was invented in Virginia in the 1680’s
- Designed to prevent multiracial uprisings of poor people against plantation owners
- Poor whites could not be kept in slavery for life (but still could not vote), Blacks could not gain their freedom through work
- Poor whites were instructed by white elites that God made blacks inferior, & paid to return runaway enslaved Africans to slave owners

Whiteness since Jim Crow

- Nixon's "Southern Strategy" successfully rebranded social programs as being primarily utilized by unworthy people of color
- Populist movements of poor whites pushed to defund anti-poverty programs that they themselves were benefiting from
- Recently, shifting views on the War on Drugs have followed the shift in perception that white people are falling victim
- "We can't restore our civilization with somebody else's babies" - Rep. Steve King, 3/12/17

Why does this matter?

- “Knowing the origin of whiteness, and seeing whiteness as a social construct with a particular history – these are crucial to racial justice. The creation of white peoples and the data collected since demonstrate roundly that white supremacy without a doubt privileges whites in relation to people of color, but it still limits the potential gains of our collective liberation, whites included”
 - -Dr. Mary Bassett

Questions

- What is the point of naming racism?
- How does that move us along in our goal of achieving health equity?
- What are the barriers to naming racism in public health?
 - Institutional?
 - Personally mediated?
 - Internalized?
- How does knowing the history of whiteness help us reframe health disparities?

Webinar Agenda Item 2: How is racism operating here?

- Identify mechanisms of operation
- Structures: who, what, when, where of decision-making
- Policies: the written how
- Practices/norms: the unwritten how
- Values: the why

How is racism operating? Gardener's allegory

- **Institutionalized**
 - Planting red flower seeds in fertile soil, pink flower seeds in poor soil
 - Acts of commission: separate boxes, unequal soil quality
 - Acts of omission: failing to address differential conditions
 - Years later, gardener misattributes differences to inherent superiority of red flowers
- **Personally Mediated**
 - Plucks pink flowers before they can go to seed
 - Pink seeds that fall into the red flower box are plucked as soon as they start to grow
- **Internalized**
 - Pink flowers believe in red flower superiority
 - Pink flowers tell the bee to pollinate the red flowers instead of themselves

How is racism operating in the problems we face in public health?

- Example: Substance use and abuse
 - Structures?
 - Who, what, when, where
 - Policies?
 - Written how
 - Practices?
 - Unwritten how
 - Values?
 - Why?

How is racism operating within public health institutions?

- Structures: who, what, when, where
- Policies: the written how
- Practices: the unwritten how
- Values: the why

Webinar Agenda item 3: Organize and strategize to act

- Assessing different impacts
 - Unfair disadvantage
 - Unfair advantage
 - Sapping of collective social strength
- APHA Resources:
 - www.apha.org/racism
 - Collective Action Teams?
 - Don't seem to be up and running yet...
- Reactions to Race BRFSS module
- Radical Public Health at UIC
 - An association of students, alumni, faculty, and staff that seeks to address the systemic, underlying causes of public health challenges and to consider more radical solutions
 - <http://publichealth.uic.edu/current-students/rph>
 - Facebook group

Recommendations from A Gardener's Tale

- Institutionalized racism is the most fundamental level
 - Interventions at lower levels without addressing institutional level are unlikely to make significant change
 - Changes at lower levels may flow more easily from change at the institutional level
- Pressure the government to explicitly value the success of the entire population
 - With actions addressing institutional racism

Organizing and strategizing to act

- What role does public health have in combating racism?
- What are the advantages of public health taking a stronger, more explicitly anti-racist stance?
- What are the potential disadvantages?
- What is required to orient more resources toward structural change?
 - Within institutions of public health
 - In communities served by public health

Thank you!

“Last, I think one of the most important things we can do to stand in solidarity is lend our voice to advocacy for racial justice, unto itself and fully cognizant of the many other struggles for justice in which the work for racial justice is entwined. Those of us who work in public health have been afforded great privileges, tremendous credibility. The best use of that is to be a voice for the voiceless - and to amplify the voices of those who are speaking up, especially for those of the youth who have the energy to drive us forward.”

-Dr Mary Bassett

http://www.huffingtonpost.com/entry/racism-as-cause-of-poor-health_us_581a1376e4b01a82df6406d6